

# LETTERS *to the Editor*

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## A Caution on Home Deliveries

TO THE EDITOR: In the past few years, the practice of giving birth at home has burgeoned in California, having been advocated with considerable eloquence by patients, consumer groups and a gamut of obstetrical attendants. While the fact that delivery at home is often a rewarding experience cannot be argued, expectant parents should also be aware of those potential hazards of childbirth that cannot be properly managed in the home setting, and which can result in unfortunate consequences.

One of the points that is often made by those who offer to supervise home deliveries is that patients are carefully screened to identify those individuals who are unsuitable for this experience because of high risk factors. But the actuality is that many of the complications of labor and delivery cannot be anticipated by even the most skillful of obstetricians. As examples of home delivery gone wrong, I submit the following list of cases that have come to my attention in the past few months, and which I believe represent only a small percentage of the total experience. The patients in all of these cases had to be admitted to hospital after home delivery proved unsatisfactory or impossible.

1. Para 0. One convulsion occurred while patient was in labor at home and two more en route to a hospital, infant born by section was severely depressed.

2. Para 0. Patient was sent to hospital for section after 12 hours in the second stage of labor, infant had clinical evidence of brain damage.

3. Para 3. Patient remained at home for two weeks awaiting labor following spontaneous rupture of membranes, referred to hospital because term infant had died at some point during this interval.

4. Para 0. Membranes ruptured while patient was in labor and during a vaginal examination; she was taken to a hospital in the knee-chest position because of prolapsed cord; the infant was stillborn.

5. Para 0. Patient was sent to hospital after four hours of bearing down at home, infant found to have severe toxemia and an unengaged head. Section required. No blood pressures had been taken.

6. Para 6. Labor induced at home with buccal pitocin, cord prolapsed when membranes ruptured, delivery occurred in a hospital by mid-forceps of a severely depressed infant.

7. Para 4. Severely depressed breech baby born at home, mother required manual removal of the placenta and transfusion at a hospital, infant had infection that may have been tetanus and the mother had hepatitis.

8. Para 0. Delivery was carried out in a hospital by section after multiple attempts to deliver at home, subsequent severe pelvic infection required hysterectomy and bilateral salpingo-oophorectomy.

9. Five other cases with features similar to the above.

The above recital is not offered as a condemnation of home delivery, but rather to remind those individuals (including some physicians) who tend to regard childbirth as a benign process that disasters can and do occur. While many hospital maternity units can be criticized for their humanistic deficiencies, they can also be congratulated for their ability to handle a wide range of obstetric complications which can threaten life and health.

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